Stomach Problems

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Stomach problems have increased along with the exponential rise in synthetic, processed foods and the agribusiness industry. Add to this the stress of modern life, with its ambivalence, lack of job security, increasing homelessness and recent disastrous weather patterns and what have we got? A billion-dollar drug industry promoting tranquilizers, Tums, Tagamet, and so on, to relieve symptoms while not attempting to look at the causes.

Digestion

Digestion is a process in which enzymes transform large food particles into smaller ones by chopping them up and adding water to each piece. The addition of water to a substance is called hydrolysis. In this process, proteins are converted to amino acids. Fats are converted to smaller fatty acids. Carbohydrates are converted to smaller units called disaccharides, such as sucrose, lactose, and maltose, which are then converted to simple sugars, such as glucose, fructose, and galactose.

Dr. Howard Loomis told me, “There are two main problems in nutrition. First, finding food, and second, digesting food.” From my practice as an enzyme therapist, I have realized that you cannot assume that people know what is meant by food. Also, some people think synthetic foods are even healthier than the real thing—for example, Egg Beaters instead of real eggs, I Can’t Believe It’s Not Butter instead of real butter, Mocha Mix instead of real cream, Cool Whip instead of real whipped cream, pasteurized milk instead of raw milk, NutraSweet instead of natural sugars, Olestra instead of natural fats and so on.

Digestion begins in the mouth, which contains alpha amylase, some lipase, and even a bit of protease, to digest carbohydrates, fats, and proteins, respectively. The body does not make cellulase and we must rely on raw foods to get it. It is not well known that the food enzymes present in raw foods do digestive work in the stomach 30 to 60 minutes before hydrochloric acid is released and prior to the duodenal stage of digestion. During this time, amylase digests 60 to 80 percent of the starches, protease digests about 30 percent of the protein and lipase about 10 percent of the fats. The remainder is digested in the duodenum and jejunum, if one has the proper pH in the duodenum and the optimum secretion of enzymes in the jejunum. According to Howell, this predigestion occurs in the cardiac (upper) portion of the stomach.

After about 30 to 60 minutes, hydrochloric acid (HCl) is released from the parietal cells in the middle of the stomach. Pepsinogen is released from the near-by chief cells. HCl does not digest protein, as is commonly believed. Rather, it converts pepsinogen into pepsin, an enzyme that continues the digestion of protein in the lower part of the stomach. The high acidity of HCl deactivates the food enzymes but does not destroy them. They are re-activated at the next stage of digestion, in the duodenum, the first section of the small intestine.

At the duodenal stage of digestion, enzymes from the pancreas are secreted and become active if there are alkaline reserves. Most people I have seen are too acidic and therefore cannot activate their pancreatic enzymes in the duodenum. Very few people are too alkaline. The blood in a normal person maintains its pH at a slightly alkaline range of between 7.35 and 7.45 (7.0 is neutral). Anything above or below this range is a medical problem, not a nutritional one. When a person is too alkaline, the blood must dump excess alkalinity via the kidneys. When a person is too acid, the blood must dump excess acidity via the kidneys. Of these two condition, excess acidity is easier to correct, because the body has more ways of
correcting it. On the other hand, excess alkalinity is more difficult to correct. These people have serious symptoms, such as anxiety, extreme pain, calcium metabolism problems, and immune system problems.

The Heidelberg Gastric Analysis test is supposed to show whether you have adequate HCl. I do not believe that this test is accurate because it is not conducted under natural conditions of eating. HCl is stimulated partly from the amount of food in the stomach. The more food, the greater the amount of HCl. When HCl secretion is tested in a test tube, the natural condition of eating and digestion is not represented, which I believe leads to false positives. If this were not so, I would find more alkaline urines in people after 18 years of doing the Loomis 24-hour urine test for digestive disorders.

**Indigestion**

Indigestion may be caused by either too much (hyperchlorohydria) or too little (hypochlorohydria) stomach acid. Most people have excess acidity, or hyperchlorohydria, which can easily be determined in a 24-hour urinalysis.

Excess acid is caused by the digestion of too much protein, fat and sugar, or by the ingestion of acidifying supplements such as betaine HCl and other acidifying digestive aids, and by other problems, such as acute asthma, diabetes, nephritis, and dehydration. HCl deficient people may develop gallbladder problems because HCl is required to form bile salts. Also, they may develop calcium metabolism problems (osteoporosis, arthritis, and so on) because a certain amount of acidity is required to carry protein-bound and ionic calcium in the blood.

The healthy body has several buffer systems for excess acid, so most people can get away with excess acidity, at least for awhile. Also, in a healthy person, excess acidity is eliminated through the urine by the action of healthy kidneys as they cleanse the blood. In unbalanced persons, gastric problems may develop after a prolonged period of excess acidity. Excess acid reserves have a negative effect on digestion, since there are not enough alkaline reserves to activate digestive enzymes in the duodenum.

On the other hand, not enough acid, or excess alkalinity, or, hypochlorohydria, may be caused by lipase deficiency. Lipase holds chloride. If there is inadequate lipase, the body will dump chlorides because there is nothing to hold them in the body. Other common causes of excess alkalinity include: taking antacids such as Tums, inadequate protein digestion, loss of carbon dioxide due to anxiety, the use of aspirin, salicylates, and similar drugs, and potassium deficiency (usually due to a junk food diet and secondarily due to diuretics). Overly alkaline people dump calcium, and calcium supplements cannot correct this situation. In the extreme case, these people may develop anxiety symptoms (sighing a lot). Providing food enzymes high in protease which increase acidity through the digestion of protein is the nutritional way to correct this condition.

**Gastric Irritation: Hiatal Hernia, Gastritis, Esophageal Reflux, and Ulcers**

The road to hiatal hernia and gastric problems usually starts out with fat intolerance – difficulty digesting fats and the resulting gallbladder symptoms. Symptoms include one, some or all of the following symptoms after eating fatty or fried foods and other foods which exacerbate gallbladder symptoms: frequent burping or sour taste in the mouth or nausea and/or pain under the right rib cage after eating, intolerance of fats or spicy foods, regurgitation of foods after meals which is worse when lying down and constipation with light colored stools. Many of these people will develop gallstones, but long before they know they have them, some of these symptoms will occur. The constant burping and the continued eating of fats and other foods that irritate the gallbladder can lead to a hiatal hernia. Literally, the person burps
his stomach into his esophagus. Prolonged inattention to this without enzyme and dietary therapy can progress to gastric reflux (GERD).

Sometimes, from a person’s list of symptoms alone and no further diagnostic tests, it’s hard to distinguish between a person who is fat-intolerant and may have gallbladder problems and one who has progressed to a hiatal hernia or gastritis or an ulcer. The major physical indications for fat-intolerance and gallbladder problems include: intolerance of fatty and spicy foods, burping or nausea or pain under the right rib cage after eating especially fatty or spicy foods, and regurgitation of foods, especially when laying down after eating. The major physical indications for hiatal hernia, gastritis or an ulcer may include pain in the epigastric area, esophageal (acid) reflux or gastric burning in addition to the above listed symptoms. A physician’s diagnosis is advisable.

Below I will briefly describe and summarize each of these conditions

**Hiatal Hernia:** This is a condition in which a portion of the cardia of the stomach buds through the gap (hiatus) in the diaphragm into the esophagus. Symptoms present from epigastric distress due to localized gastritis in the herniated portion of the stomach and occasionally a peptic ulcer of the esophagus. They include esophageal symptoms, epigastric pain, regurgitation and severe burning (heartburn), which is worse when lying down.

**Gastritis and esophageal reflux:** This means an inflamed gastric mucosa and the inability to hold acid (HCl or hydrochloric acid) in the stomach. This can vary from asymptomatic to severe symptoms, including ulcers. There are substances which can exacerbate this condition, such as aspirin and alcohol.

Gastritis sometimes precedes gastric (stomach) ulcers. Gastric ulcer patients, contrary to duodenal ulcer patients, can be normal or low in HCl secretion. These patients would be made worse if they took alkalizing agents. In this condition, there is an imbalance between gastric secretion, the protective mechanism of the mucosal barrier, and neutralization of gastric juices by alkaline reserves in the duodenum. Dr. Howard Loomis reported that the abnormal alkaline condition created by taking antacids attracts Helicobacter pylori, a bacterium linked to gastritis and other inflammatory stomach problems.

**Ulcers:** There are certain conditions associated with ulcers which may be causal or result from the condition. Most people associate ulcers with excess acid and gulp down lots of alkalizing agents, such as Alka Seltzer, Tums, Tagamet, and so on. These may wipe out excess acid, if there is an excess, but they do not cure the condition. Following are some conditions that are sometimes but not always associated with ulcers:

- **Excess secretion of HCl.** About 85 percent of patients with peptic ulcers of the duodenum secrete excess acid when challenged by a test drug (pentagastrin). The other 15 percent secrete normal amounts of acid.

- **A bacteria called Helicobacter pylori has been linked to inflammation of the stomach, ulcers, and stomach cancer.** In 1991, researchers at Stanford University reported in the *Journal of the National Cancer Institute* that virtually all their patients with the most common type of stomach cancer are infected with this bacterium.

- **Gastric irritants such as pain medication and anti-inflammatory drugs are known to cause gastric irritation and bleeding.**
**Nutritional Program for Gastric Problems**

It has been reported that when people have gastric problems, avoidance of carbohydrates (starches) can help relieve the condition. The worst starches are seeds, nuts, beans (except green beans), grains (especially wheat, rye and barley), pasta and breads. Potatoes, carrots, fruits and fruit juices are health carbohydrates.

*Thera-zyme Stm,* is a multiple digestive enzyme without protease especially for gastric problems. People with gastric problems can’t tolerate protease because increased protein digestion increases acidity and acid exacerbates gastric problems. This enzyme helps nourish the mucosal lining of the gastrointestinal tract so that hydrochloric acid secretion during digestion does not irritate the mucus cells lining the g.i. tract. Antacids don’t nourish the mucus cells; they prevent or neutralize acid secretion, but this doesn’t address the cause of gastric irritation, which is undernourished mucus cells lining the gastrointestinal tract. Dosage: 2 caps with meals 3x/d and 4 caps anytime needed to relieve gastric irritation.

*Citricidal* (tabs or liquid) - This grapefruit seed/pulp extract has been tested in laboratories and the tests showed that Citricidal is effective against over 500 pathogens including Helicobacter pylori, described above. I recommend this formula to all clients whose gastric problems return when they stop the Stm formula. Dosage of the tabs: 2 tabs with each meal 3x/d. Valley Microbiology Services, of Palo Alto, California, reported that in the case of Helicobacter pylori, it took concentrations as low as 0.1 percent (1000 ppm) of grapefruit seed and pulp extract to inhibit this organism.

*Mastica* or mastic gum a resin of the Pistacia lentiscus tree grown on the Greek island of Chios, has been traditionally used for gastric ailments in the Mediterranean for 3,000 years. It nourishes the stomach lining in people who have ulcers and is also effective in people who have Helicobacter pylori. This herb is in the new stomach formula (Stm) formulated by Loomis and is also available alone or combined with other herbs as a dietary supplement.

*Colostrum Powder* (New Life) is a very antiseptic formula that also helps relieve gastric irritation and is also reported to be effective in people with H. pylori. I add this formula to the above in clients who need more help than just the Stm formula. Dosage: one rounded tsp twice daily in water away from food.

**Nausea**

There are many causes of nausea. Here are some related to metabolic or organ problems, along with their treatments.

*Indigestion:* I call this the “I ate the whole thing syndrome.” I have a special remedy for it--Thera-zyme Stm. Although the formula was not developed for this syndrome, it works quite well.

*Low blood sugar and kidney stress:* This comes from a congested or exhausted lymphatic system, which dumps unneutralized toxins back into the blood causing kidney stress. Symptoms may include one or all of the following: allergies, low blood sugar, frontal headaches, kidney pain, swollen glands, nausea, and sometimes vomiting, worse in women during menses and pregnancy. Thera-zyme Kdy was developed for this condition.

*Gallbladder problems:* This often produces many symptoms including pain, especially under the right rib cage, regurgitation of food, nausea, and sometimes vomiting. There are several enzyme programs for
gallbladder problems, depending on the severity of the condition. Thera-zyme Bil is specific for fat intolerance and gallbladder problems. Thera-zyme Lvr helps relieve gallbladder nausea.

**Food poisoning:** It is difficult to treat clients who have severe nausea and vomiting, but in the case of food poisoning, a grapefruit seed extract (Citricidal) has been reported to inhibit some of the food-borne pathogens such as Salmonella, E coli, and Listeria monocytogenes. A client came into my office one morning holding a bowl. She said that she thought she had food poisoning because she had been vomiting every 15 minutes for the last three hours. I tried to palpate her but she couldn’t lie down long enough for me to do it. So I put five drops of grapefruit seed extract into a small amount of water. She swallowed half of it. She vomited only one more time and that was it.

**Stomach Flu:** Like food poisoning, this is difficult to treat orally. I use anti-nausea herbal remedies: ginger root, slippery elm, peppermint, and so on. Sometimes I make oatmeal tea by cooking organic oatmeal, filtering the juice, and serving it with some added raw honey. Rice tea is the same. Cook some organic brown rice, filter off the juice, and serve it with some added raw honey for taste. In addition, Loomis has successfully used Thera-zymes UrT and Spl for this problem. There is no answer as to why these remedies sometimes work.

**Case Histories**

**Gastritis with helicobacter pylori**

A middle-aged man presented with gastric problems. He told me that his stomach burned all the time and that he had trouble eating because of this. I immediately gave him Thera-zyme Stm and this relieved his burning, but when he discontinued the enzymes, it returned. Puzzled, he called me to ask why. I suggested that he may have helicobacter pylori, a bacteria common in stomach problems, and recommended that he take Citricidal capsules on a daily basis. Shortly thereafter, he reported to me that his burning totally disappeared when he added the Citricidal to his enzyme program.

**The Man Who Couldn’t Swallow Capsules**

A 45-year-old man presented with the following symptoms: low back pain, nausea and heartburn that were worse in the morning, gallbladder symptoms, and allergies to chemicals and foods. In particular, he was sensitive to wheat, sugar, and fat. His 24-hour urine showed high chlorides with a normal pH indicating a lipase deficiency. His test also showed poor digestion and poor assimilation of foods with excess consumption of or intolerance to fat and sugar. He was also deficient in vitamin C and calcium.

His palpation test showed many inflamed areas, especially the epigastrum, the kidneys, and the colon. This client described classic symptoms of a hiatal hernia leading to esophageal reflux: epigastric pain due to localized gastritis in the herniated portion of the stomach, regurgitation, and severe heartburn that was worse when lying down. I recommended formulas for his most severe problems--epigastric irritation, allergies, and candidiasis.

These are the formulas I used:

- Thera-zyme Stm, a digestive formula for gastric problems.
- Thera-zyme SvG, a digestive formula for sugar intolerance and vitamin C deficiency
- Thera-zyme Kdy, a lymphatic drainage formula.
- Thera-zyme SmI, and acidophilus-cellulase formula for intestinal problems and candidiasis.
The unusual part of this case is that this client had to open all of his capsules, including Thera-zyme Stm, which is uncommon. Usually, even an ulcer can respond in about two weeks with Thera-zyme Stm. This is the worst scenario because these people can’t tolerate protease even when the need is indicated. The fact that his condition got worse until he opened the capsules indicated that the protein in the capsules caused gastric irritation upon digestion. When the man opened up the capsules, his burning pain went away in one day.

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